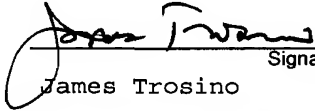


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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) VUT-002								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of Arthur L. Cleary</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Application Number 10/057,797</td> <td style="width: 50%; padding: 2px;">Filed 29-Oct-2001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For PRINTING SYSTEM WITH VACUUM TABLE</td> </tr> <tr> <td style="padding: 2px;">Art Unit 3654</td> <td style="padding: 2px;">Examiner Scott J. Haugland</td> </tr> </table>		In re Application of Arthur L. Cleary		Application Number 10/057,797	Filed 29-Oct-2001	For PRINTING SYSTEM WITH VACUUM TABLE		Art Unit 3654	Examiner Scott J. Haugland
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For PRINTING SYSTEM WITH VACUUM TABLE										
Art Unit 3654	Examiner Scott J. Haugland									
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.										
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>500.00</u>										
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____										
<input type="checkbox"/> A check in the amount of the fee is enclosed.										
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.										
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.										
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>05-0770</u> . I have enclosed a duplicate copy of this sheet.										
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
I am the										
<input type="checkbox"/> applicant/inventor.										
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
<input checked="" type="checkbox"/> attorney or agent of record. (415) 495-7750 Registration number <u>39,862</u>										
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____										
<div style="text-align: center;">  Signature James Trosino Typed or printed name </div>		<div style="text-align: center;"> (415) 495-7750 Telephone number 06-Oct-2006 Date </div>								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.										

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on _____

Signature _____

Typed or printed
name _____In re Application of
Arthur L. ClearyApplication Number
10/057,797Filed
29-Oct-2001

For PRINTING SYSTEM WITH VACUUM TABLE

Art Unit
3654Examiner
Scott J. HauglandApplicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 500.00

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____
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I am the

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Registration number if acting under 37 CFR 1.34. _____


Signature
James Trosino

Typed or printed name

(415) 495-7750

Telephone number

06-Oct-2006

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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